

Health equity, cancer, and social determinants of health

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Two facts on non-communicable diseases claim attention: they are global in distribution and, increasingly, show marked social inequalities—the lower the social position, the higher the risk. Inequalities in cancer mortality will, in part, be owing to inequalities in access to high-quality treatment.

Cancer Research UK has estimated that worldwide, 30–50% of cancers should be preventable; in the UK alone, four in ten cancers should be preventable. The routes to prevention, in order of importance, are: be smoke-free; maintain a healthy bodyweight; consume adequate fruit and vegetables; limit alcohol consumption; be sun-smart; eat less processed and red meat; eat a high-fibre diet; be active; and eat less salt.

Prevention of cancer will not be achieved simply by exhorting people to behave better but will depend on action on the social determinants of health. In middle-income and high-income countries, smoking and obesity follow the social gradient—the lower the social position, the higher the risk. Although alcohol consumption is typically higher in people of high social status, alcohol-associated harm goes the other way—it increases as the social gradient is descended. In the UK, as in some other countries, the lower the social position, the lower the consumption of fruit and vegetables.

Quite apart from other potential causes of inequalities in the occurrence of cancer, action on the identified behaviours will mean action on the social determinants of health inequities. In the WHO Commission on Social

Determinants of Health,¹ we pointed to inequities in the conditions of daily life that, in turn, are driven by inequities in power, money, and resources. In my English review of health inequalities,² I described six domains of recommendations for reducing inequalities in health within one country: (1) the best start in life for every child; (2) education and life-long learning; (3) employment and working conditions; (4) sufficient income for a healthy life; (5) healthy and sustainable environments in which to live and work; and (6) the social determinants approach to prevention of ill health.

Action in these six domains will necessitate action across government, not only from health ministries or from those of us working in the health sector. The potential is great: it is to reduce inequalities in the occurrence of cancer and other non-communicable diseases and to advance the cause of health equity.

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I declare no competing interests.

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- 1 WHO. Closing the gap in a generation. Health equity through action on the social determinants of health. Geneva: World Health Organization, 2008.
- 2 Marmot M. Strategic review of health inequalities in England post-2010: fair society, health lives. London: University College London, 2010.